

## AFFIDAVIT

The undersigned affiant does hereby depose and say that he/she is the beneficiary of the deceased member of the City of Hialeah Retirement System, named on the pension benefits issued and is duly authorized to receive said benefits.

\_\_\_\_\_  
Print Name of Beneficiary

\_\_\_\_\_  
Signature of Beneficiary

( ) \_\_\_\_\_  
Telephone

\_\_\_\_\_  
E-mail Address

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Signature of Notary Public)

Notary may not be related to  
affiant by blood or marriage.

\_\_\_\_\_  
Print, Type or Stamp Commissioned Name  
of Notary Public

Affix Notary Seal and/or Notary  
Stamp with Commission Number  
Expiration date

(Seal/Stamp)

- ☐ Personally known  
☐ Produced identification

\_\_\_\_\_  
(Type of identification produced and ID# if applicable)